

Buprenorphine: A New Drug for Treating Heroin Addiction

People who use heroin for pleasure can become addicted to it easily. People who inject heroin are at risk for HIV and hepatitis infection, heart infection (endocarditis) and other illnesses.

Buprenorphine (byoo-pruh-nor-feen) is a medicine for treating heroin addiction. Buprenorphine works a lot like methadone, but instead of getting it at a special clinic, a doctor prescribes it in the office and you can take it at home — which can make treatment easier for you.

Why Is It Important to Treat Heroin Addiction?

Heroin addiction is a disease. Heroin use can cause many problems:

- Overdose and even death.
- If you inject heroin and share needles, you can get HIV, hepatitis B, or hepatitis C, or give these diseases to someone else. Injecting can also cause infections of the skin, muscle, and heart.
- Because heroin is illegal, you may have to go through a lot of trouble or do something illegal to get it. You can end up in jail if you get caught with even a small amount.

When you use heroin for a long time, your brain and body change and become dependent on it (your body needs the heroin). If this happens, you may need to take medicine every day for a long time to treat your addiction, just like people take other medicines to treat other health problems, like people who have diabetes and need to take insulin shots.

For many years doctors have used methadone to treat heroin addiction. But people who take methadone have to go to their methadone clinic often to get their medicine. This may be a help to people who need the support services at their clinic, but for others it can be a barrier to treatment. Many communities do not have methadone clinics, or their clinics do not have room for new patients.

If you take buprenorphine and stop using heroin, you are more likely to protect yourself from HIV by not sharing needles and works to inject heroin and using condoms when you have sex.

How Can Buprenorphine Protect You from HIV and Other Sexually Transmitted Diseases (STDs)?

Buprenorphine blocks symptoms of withdrawal and craving and helps you to not use heroin.

If you are in withdrawal or craving heroin, you might share needles or works because taking heroin seems more important than protecting yourself or others from HIV infection.

If you are high on heroin, you may not think straight. There is a better chance that you will not use a condom to protect yourself and others from infection.

How Does Buprenorphine Work?

If you are ready to quit, buprenorphine can help you use less heroin, less often until you can stop using altogether.

It blocks the effects of heroin. Buprenorphine stops heroin from getting you “high” and stops withdrawal symptoms and heroin craving (the strong feeling that you need to have it).

It is safe. Buprenorphine does not get you high if you use it the right way and it does not cause strong side effects. It is hard to get sick or overdose from it.

You can take it at home. Doctors prescribe buprenorphine and you can take it at home. Buprenorphine comes in tablets that you put under your tongue and let them melt.

Doctors Need Special Buprenorphine Training

Doctors have to take a special training course to get a “waiver” to prescribe buprenorphine. Each doctor can treat up to 30 patients at one time, but no more. Ask if your doctor has gotten a waiver so you do not have to go to another doctor for treatment. Or, call or visit the SAMHSA website listed at the end of this fact sheet to find doctors near you who can prescribe buprenorphine. If your doctor is interested, SAMHSA also lists information about how to get a waiver.

How Does Buprenorphine Treatment Work?

There are three steps, or “phases”:

1. Induction phase. This period usually lasts for about one week. The goal is to figure out the dose of buprenorphine that works best to relieve your withdrawal symptoms and craving.

- You take the first dose when you are in the early stage of withdrawal — about 10 to 24 hours after your last dose of heroin. First you take a test dose, followed by another dose to relieve withdrawal symptoms.
- Your doctor may ask you to stay in the office for several hours after your first dose to see how the early doses affect you.
- During the first week, you may have to see your doctor several times. The dose can be raised if you still have withdrawal symptoms.
- You may not be able to drive or use machines and power tools.

2. Stabilization phase. The goal in this phase is to use less heroin or no heroin and not feel withdrawal symptoms or craving while you keep taking buprenorphine.

- Usually lasts about 1-2 months.
- You visit your doctor’s office for check-ups regularly.
- You get a prescription for and take buprenorphine at home. Your doctor may increase your dose so that you do not have to take buprenorphine every day.
- Doctors may test your urine to make sure you are not taking heroin or other drugs.

3. Maintenance phase.

- You visit the doctor’s office to get a refill of buprenorphine about once a month.

If you have used heroin for many years and you have quit and gone back to using many times (relapse), you may do best taking buprenorphine for a very long time. **The key is to not go back to using heroin.**

How Do You Know If Buprenorphine Is Right for You?

Doctors cannot predict which patients will do better on buprenorphine and which patients will do better on methadone.

Buprenorphine may be a good choice if you:

- cannot get into a methadone clinic or if there is no methadone clinic near you.
- don’t want to go to a clinic every day to get your dose of methadone.
- want your regular doctor to be the one who is treating your heroin use.

A Note About Detoxification (detox):

Many people want to stop taking all their treatment medicines once they have stopped using heroin. Work closely with your doctor if you want to try to stop taking buprenorphine. Many doctors recommend that patients stay on buprenorphine for a long time to help them keep off heroin for the long haul.

What Are the Side Effects of Buprenorphine?

- The most common side effects are constipation and nausea. Usually these are not strong.
- If you feel light-headed at first, you may not be able to drive or use heavy equipment until you get used to the medicine.
- You cannot take buprenorphine at the same time as some pain medicines, like morphine and codeine, because buprenorphine will block their effects. Use medicines like Tylenol® or ibuprofen instead. If you need surgery or have a long-term pain problem, you will need to stop buprenorphine for a while.
- Do not take buprenorphine with sedatives to help you sleep or tranquilizers (like antianxiety medicine such as Xanax® or Valium) unless prescribed by your doctor. High doses of these mixed with buprenorphine may cause an overdose.
- If you have hepatitis or other active liver problems, your doctor may check your liver tests from time to time.

Is It Safe to Take Buprenorphine with HIV Medications?

Buprenorphine appears to be safe to take with HIV medications. Some HIV medications may increase or lower the level of buprenorphine in your blood, so some doses may need to be changed a bit.

Can You Switch from Methadone to Buprenorphine?

Yes. Ask your doctor first about how switching might be a good choice or why it might not be a good choice for you.

Get Counseling

You have a better chance of kicking your heroin habit if you get drug counseling (therapy) and other support early in your treatment. Counseling can include 12-step groups, one-on-one counseling, psychotherapy, or entering a day drug treatment program.

To find out more about buprenorphine and get a listing of doctors who can prescribe it:

Call the United States Substance Abuse and Mental Health Services Administration (SAMHSA) at **1-866-BUP-2728**. This is a free phone call. Their website address is: www.buprenorphine.samhsa.gov/training_main.html.

For more facts about buprenorphine, visit:
www.fda.gov/cder/drug/infopage/subutex_suboxone/default.htm.